

ONSITE PREDIVE PLAN AND RISK ASSESSMENT*To be completed before each dive and returned to the Diving Officer:*

Dive coordinator:	
Date:	

Site Registration:

Location:	
Maximum depth for each team:	
Bottom time for each team:	

Circle all applicable hazards and measures taken, tick when done and then sign:

Identified Hazards	Possible Hazards	Measures Taken	Comments and Sign
Weather	Nil, Wind Speed, Direction	Forecast, Monitor, Cancel	
Sea state	Smooth, Slight, Moderate, Rough	Monitor, Revise plan, Cancel	
Underwater	Nil, Low Visibility, Entrapment, Tide	Check Visibility, Revise Plan, Cancel	
Pollution	Assumed negligible, High Level	Monitor, Revise Plan, Cancel	
Depth	Nil, Possibility of exceeding depth	Max Depth/Direction given	
Temperature	Nil, Excessive Cold/ Heat	Suitable diving protection	
Access	Shore, Boat, Platform	Ladder provided, Other	
Shipping	Nil, Port Traffic, N/A	VHF monitored, Lookout, Flag Alpha, Liaison with Skipper	
Diving Safety	Ears, Lungs, Separation, Air checks	Briefed, SMB, times and depths etc	
Dangerous Marine Animals	Assumed negligible, Present, Abundant	Brief, Monitor, Revise plan, Abort	
Thermal Exposure	Shade, Rehydration, Sunscreen, Protective clothing	Monitor, Revise Plan, Abort	
Other / Comments			

Checklist:

Category	Prompts	Done?
Divers	Feeling fit for the dive? Adequately experienced for dive? Briefed on dive plan and tasks?	
RCC	Available and location determined.	
Dive Plan	Dive Plan signed? Permit to dive granted?	
Safety Equipment	Oxygen checked and working? First aid kit? Diver recall system? Mobile phone signal/charged? VHF working? Knife? Safety sausage?	
Dive Site	Pre-dive equipment checks? Authorities notified?	

SURFACE SUPPORT

Is there a diver's attendant (surface watch)?	YES / NO
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If NO: (If YES, skip to physiological factors)

Is the depth less than 12m?	YES / NO
Is visibility greater than 4m? – check if necessary	YES / NO
Is wave height less than 1m?	YES / NO
Is current nil to slight?	YES / NO
Is it daylight hours?	YES / NO
Do you have a Flag Alpha to carry whilst diving?	YES / NO

If the answer was NO to any of the above questions – ABORT DIVE.

PHYSIOLOGICAL FACTORS:

Do the dives include?

Multiple ascents	YES / NO
Repetitive dives	YES / NO
Multi-day dives	YES / NO
Excessive exertion	YES / NO
Other (please specify)	

If YES, describe hazard and precautions taken:

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Residual Nitrogen for each Diver:

Dive Team Members:	Repetitive Group:

Dive coordinator:

Name (please print)			
Signature:		Date:	

Dive Team:

I acknowledge that I have been briefed on the dive plan, my tasks, the associated risks, safety considerations and emergency procedures.

Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	